



Atty. Dkt. No. 053466/0234

1642
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUN 25 2002

TECH CENTER 1600/2900

Applicant: **Masayuki TSUCHIYA, et al.**

Title: ***Reshaped Human Antibody To Human Interleukin-6 Receptor***

Appl. No.: **09/114,285**

Filing Date: **July 13, 1998**

Examiner: **G. Bansal**

Art Unit: **1642**

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.

[] Small Entity statement is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For	=	Extra Claims Present		Rate	=	Additional Claims Fee
Total Claims:	10	<input type="checkbox"/>	20	=	0	x	\$18.00	=	\$0.00
Independents:	6	<input type="checkbox"/>	6	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:									= \$0.00

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$110.00
CLAIMS AND EXTENSION FEE TOTAL:			\$110.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$110.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$110.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

M. Duke M. Antin
Reg No. 34,717

By

for

Harold C. Wegner
Attorney for Applicant
Registration No. 25,258

Date June 17, 2002 (Monday)

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